FORM D

:

SEC Mail Processing Section

AUG 142008

Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

68						
OMB APPROVAL						
3235-0076						
Estimated average burden						
16.00						

SEC USE ONLY						
Prefix	Serial					
1	1					
DATE	RECEIVED					
l	l					

	· · · · · · · · · · · · · · · · · · ·
Name of Offering (check if this is an amendment and name has changed, and indicate char	ige.)
The Levoi Organization, Corp.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sec	tion 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	08052393
Name of Issuer (check if this is an amendment and name has changed, and indicate change)
The Levoi Organization, Corp.	
Address of Executive Offices (Number and Street, City, State, Zip	Code) Telephone Number (Including Area Code)
110 Wall Street, 11th Floor, New York, NY 10005-3817	(347) 838-6314
Address of Principal Business Operations (Number and Street, City, State, Zi (if different from Executive Offices)	p Code) Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
The Levoi Organization, Corp. has been established to purchase and operate 200 u	nits of established businesses in various industries
throughout the USA, primary located in New York.	
Type of Business Organization	
	other (please specify): PROCESSED
business trust limited partnership, to be formed	· WOCLOOLD
Month Year	Estimated AUG 21 2008
Actual or Estimated Date of Incorporation or Organization: 04 X Actual	U
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdiction	
Civilor Canada, 117 for Other tolerary misdiction	DIE INCINSON REUTERS

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: General and/or Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Levoi, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 110 Wall Street, 11th Floor, New York, NY 10005-3817 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) NA Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Director Promoter Beneficial Owner **Executive Officer** General and/or Managing Partner Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Executive Officer Check Box(es) that Apply: Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

_													
					B. 1	NFORMAT	ION ABOL	T OFFERI	NG				<u> </u>
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No					
•	Answer also in Appendix, Column 2, if filing under ULOE.						X						
2.	What is the minimum investment that will be accepted from any individual?					s 1,0	20,408.00						
4.	what is the minimum investment that will be accepted from any individual?					Yes	No						
3.	Does th	e offering	permit join	t ownershi	ip of a sing	le unit?		•••••••					
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful N/	•	Last name	first, if ind	ividual)									
_		Decidence	Address (N	Jumber and	d Street C	ity State 7	'in Code)			<u></u>			
ĐU	2111C22 OI	Kesiuciice	Audress (r	dininci and	u Sucei, C	ity, State, Z	.ip Code)						
Na	me of As	sociated B	roker or De	alcr			· <u>-</u>						
Sta	tes in Wi	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				<u> </u>		
	(Check	"All State	s" or check	individual	States)	************	***************************************	····				□ Al	1 States
	[AL]	[AK]	ΑZ	AR	CA	CO	[CT]	DE	DC	[FL]	GA	HI	ΠĎ
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT)	NE	NV	(NH)	N	NM	NY TV	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX]	<u>UT</u>]	VT)	VA	WA	WV	WI	WY)	PR
Ful N/		Last name	first, if ind	ividual)							···· <u>-</u>		
Bu	siness or	Residence	Address (Number an	d Street, C	ity, State,	Zip Code)						
							<u>-</u>						
Na	me of As	sociated Bi	roker or De	aler									
Sta	tes in Wi	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	;			· · · · · · · · · · · · · · · · · · ·		
	(Check	"All State:	s" or check	individual	States)	***************						☐ Al	l States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA)	HI	Œ
	IL)	IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful N/A	•	Last name	first, if ind	iviđual)	<u> </u>		·				 _		
		Residence	Address (Number an	d Street, C	ity, State,	Zip Code)						<u> </u>
				· · · · · · · · · · · · · · · · · · ·									······································
_			roker or De										
Sta			Listed Ha										
	(Check "All States" or check individual States)												
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
		[N]	[A]	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD		N)	NM UT	NY VT	NC) VA)	ND WA	OH WV	(<u>OK)</u> (<u>WI</u>)	OR WY	PA PR
		ريوس	المدي	لتنيا	للائبت	لئين	لثنا	لائت	(** / 1)		للثنية	لشنت	لخدف

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	•	¢
	Equity		\$
	[7] Common ☐ Preferred	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>,</u>
	Convertible Securities (including warrants)	•	c
	Partnership Interests		
	Other (Specify)		
	Answer also in Appendix, Column 3, if filing under ULOE.		\$ 0.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors	0	§_0.00
	Total (for filings under Rule 504 only)	0	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A		S
	Rule 504	 -	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		s
	Total		\$_0.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	- Question 4.a. This difference is the "adjusted gross	3	750,000,000.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	my purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross	1	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Purchase of real estate			
	Purchase, rental or leasing and installation of ma	chinery	厂\$	□\$
	Construction or leasing of plant buildings and fa-			· ·
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another		
	Repayment of indebtedness			
	Working capital		_	
	Other (specify): Advertising and business impr		\$_150,000,000.0	
	Column Totals		\$_100,000,000	0. 5 8 650,000,000.0
	Total Payments Listed (column totals added)		Z \$ 75	60,000,000.00
Γ		D. FEDERAL SIGNATURE		-
sig	s issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commi	ssion, upon writte	
Iss	uer (Print or Type)	Signature	Date	
T h	e Levoi Organization, Corp.	Lahar am	7-11-	08
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		_
Ric	nard Levoi	CEO - The Levoi Organization, Com		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)